

# Senate File 2290 - Introduced

SENATE FILE \_\_\_\_\_  
BY BEALL and OLIVE

(COMPANION TO LSB 6350HH  
BY UPMEYER)

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

## A BILL FOR

1 An Act relating to the authority of certain licensed physicians,  
2 licensed psychiatrists, psychiatric advanced registered nurse  
3 practitioners, and physician assistants regarding the  
4 evaluation and treatment of certain persons including chronic  
5 substance abusers and persons with mental illness, and making  
6 a penalty applicable.  
7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
8 TLSB 6350SS 82  
9 rh/rj/5

PAG LIN

1 1 Section 1. Section 125.2, subsection 4, Code 2007, is  
1 2 amended by striking the subsection.  
1 3 Sec. 2. Section 125.2, Code 2007, is amended by adding the  
1 4 following new subsections:  
1 5 NEW SUBSECTION. 13A. "Licensed physician" means an  
1 6 individual licensed under the provisions of chapter 148, 150,  
1 7 or 150A to practice medicine and surgery, osteopathy, or  
1 8 osteopathic medicine and surgery.  
1 9 NEW SUBSECTION. 13B. "Licensed psychiatrist" means an  
1 10 individual licensed under the provisions of chapter 148, 150,  
1 11 or 150A to practice medicine and surgery, osteopathy, or  
1 12 osteopathic medicine and surgery with a specialty in the field  
1 13 of psychiatry.  
1 14 NEW SUBSECTION. 13C. "Psychiatric advanced registered  
1 15 nurse practitioner" means an individual licensed as a  
1 16 registered nurse under chapter 152 or 152E who holds a  
1 17 national certification in psychiatric health care and who is  
1 18 registered with the board of nursing as an advanced registered  
1 19 nurse practitioner.  
1 20 Sec. 3. Section 125.38, subsection 3, Code 2007, is  
1 21 amended to read as follows:  
1 22 3. The patient shall be provided an opportunity to receive  
1 23 prompt evaluation, emergency services and care as indicated by  
1 24 sound medical practice and treatment which, in the judgment of  
1 25 the ~~chief medical officer~~ licensed physician, licensed  
1 26 psychiatrist, or psychiatric advanced registered nurse  
1 27 practitioner of a facility, is most likely to result in the  
1 28 individual's recovery or in the mitigation of the individual's  
1 29 condition to an extent sufficient to permit the individual's  
1 30 discharge from the facility.  
1 31 Sec. 4. Section 125.81, subsection 2, Code 2007, is  
1 32 amended to read as follows:  
1 33 2. In a suitable hospital, the ~~chief medical officer of~~  
1 34 ~~which~~ licensed physician, licensed psychiatrist, or  
1 35 psychiatric advanced registered nurse practitioner of which  
2 1 shall be informed of the reasons why immediate custody has  
2 2 been ordered. The hospital may provide treatment which is  
2 3 necessary to preserve the respondent's life, or to  
2 4 appropriately control the respondent's behavior which is  
2 5 likely to result in physical injury to the person or to others  
2 6 if allowed to continue, and other treatment as deemed  
2 7 appropriate by the ~~chief medical officer~~ licensed physician,  
2 8 licensed psychiatrist, or psychiatric advanced registered  
2 9 nurse practitioner.  
2 10 Sec. 5. Section 125.83, Code 2007, is amended to read as  
2 11 follows:  
2 12 125.83 PLACEMENT FOR EVALUATION.  
2 13 If upon completion of the commitment hearing, the court

2 14 finds that the contention that the respondent is a chronic  
2 15 substance abuser has been sustained by clear and convincing  
2 16 evidence, the court shall order the respondent placed at a  
2 17 facility or under the care of a suitable facility on an  
2 18 outpatient basis as expeditiously as possible for a complete  
2 19 evaluation and appropriate treatment. The court shall furnish  
2 20 to the facility at the time of admission or outpatient  
2 21 placement, a written statement of facts setting forth the  
2 22 evidence on which the finding is based. The administrator of  
2 23 the facility shall report to the court no more than fifteen  
2 24 days after the individual is admitted to or placed under the  
2 25 care of the facility, which shall include the ~~chief medical~~  
~~2 26 officer's recommendation of the licensed physician, licensed~~  
~~2 27 psychiatrist, or psychiatric advanced registered nurse~~  
~~2 28 practitioner of the facility~~ concerning substance abuse  
2 29 treatment. An extension of time may be granted for a period  
2 30 not to exceed seven days upon a showing of good cause. A copy  
2 31 of the report shall be sent to the respondent's attorney who  
2 32 may contest the need for an extension of time if one is  
2 33 requested. If the request is contested, the court shall make  
2 34 an inquiry as it deems appropriate and may either order the  
2 35 respondent released from the facility or grant extension of  
3 1 time for further evaluation. If the administrator fails to  
3 2 report to the court within fifteen days after the individual  
3 3 is admitted to the facility, and no extension of time has been  
3 4 requested, the administrator is guilty of contempt and shall  
3 5 be punished under chapter 665. The court shall order a  
3 6 rehearing on the application to determine whether the  
3 7 respondent should continue to be held at the facility.  
3 8 Sec. 6. Section 125.83A, subsections 1 and 2, Code 2007,  
3 9 are amended to read as follows:  
3 10 1. If upon completion of the commitment hearing, the court  
3 11 finds that the contention that the respondent is a chronic  
3 12 substance abuser has been sustained by clear and convincing  
3 13 evidence, and the court is furnished evidence that the  
3 14 respondent is eligible for care and treatment in a facility  
3 15 operated by the veterans administration or another agency of  
3 16 the United States government and that the facility is willing  
3 17 to receive the respondent, the court may so order. The  
3 18 respondent, when so placed in a facility operated by the  
3 19 veterans administration or another agency of the United States  
3 20 government within or outside of this state, shall be subject  
3 21 to the rules of the veterans administration or other agency,  
3 22 but shall not lose any procedural rights afforded the  
3 23 respondent by this chapter. The chief officer of the facility  
3 24 shall have, with respect to the respondent so placed, the same  
3 25 powers and duties as the ~~chief medical officer licensed~~  
~~3 26 physician, licensed psychiatrist, or psychiatric advanced~~  
~~3 27 registered nurse practitioner~~ of a hospital in this state  
3 28 would have in regard to submission of reports to the court,  
3 29 retention of custody, transfer, convalescent leave, or  
3 30 discharge. Jurisdiction is retained in the court to maintain  
3 31 surveillance of the respondent's treatment and care, and at  
3 32 any time to inquire into the respondent's condition and the  
3 33 need for continued care and custody.  
3 34 2. Upon receipt of a certificate stating that a respondent  
3 35 placed under this chapter is eligible for care and treatment  
4 1 in a facility operated by the veterans administration or  
4 2 another agency of the United States government which is  
4 3 willing to receive the respondent without charge to the state  
4 4 of Iowa or any county in the state, the ~~chief medical officer~~  
~~4 5 licensed physician, licensed psychiatrist, or psychiatric~~  
~~4 6 advanced registered nurse practitioner~~ may transfer the  
4 7 respondent to that facility. Upon so doing, the ~~chief medical~~  
~~4 8 officer licensed physician, licensed psychiatrist, or~~  
~~4 9 psychiatric advanced registered nurse practitioner~~ shall  
4 10 notify the court which ordered the respondent's placement in  
4 11 the same manner as would be required in the case of a transfer  
4 12 under section 125.86, subsection 2, and the respondent  
4 13 transferred shall be entitled to the same rights as the  
4 14 respondent would have under that subsection. No respondent  
4 15 shall be transferred under this section who is confined  
4 16 pursuant to conviction of a public offense or whose placement  
4 17 was ordered upon contention of incompetence to stand trial by  
4 18 reason of mental illness, without prior approval of the court  
4 19 which ordered that respondent's placement.  
4 20 Sec. 7. Section 125.84, unnumbered paragraph 1, Code 2007,  
4 21 is amended to read as follows:  
4 22 The ~~facility administrator's~~ report to the court of the  
4 23 ~~chief medical officer's~~ respondent's substance abuse  
4 24 evaluation of the respondent prepared by the licensed

4 25 physician, licensed psychiatrist, or psychiatric advanced  
4 26 registered nurse practitioner of the facility shall be made no  
4 27 later than the expiration of the time specified in section  
4 28 125.83. At least two copies of the report shall be filed with  
4 29 the clerk, who shall distribute the copies in the manner  
4 30 described by section 125.80, subsection 2. The report shall  
4 31 state one of the four following alternative findings:  
4 32 Sec. 8. Section 125.84, subsections 3 and 4, Code 2007,  
4 33 are amended to read as follows:  
4 34 3. That the respondent is a chronic substance abuser who  
4 35 is in need of treatment, but does not require full-time  
5 1 placement in a facility. If the report so states, the report  
5 2 shall include the ~~chief medical officer's~~ recommendation of  
5 3 the licensed physician, licensed psychiatrist, or psychiatric  
5 4 advanced registered nurse practitioner for treatment of the  
5 5 respondent on an outpatient or other appropriate basis, and  
5 6 the court shall enter an order which may direct the respondent  
5 7 to submit to the recommended treatment. The order shall  
5 8 provide that if the respondent fails or refuses to submit to  
5 9 treatment, as directed by the court's order, the court may  
5 10 order that the respondent be taken into immediate custody as  
5 11 provided by section 125.81 and, following notice and hearing  
5 12 held in accordance with the procedures of sections 125.77 and  
5 13 125.82, may order the respondent treated as a patient  
5 14 requiring full-time custody, care, and treatment as provided  
5 15 in subsection 2, and may order the respondent involuntarily  
5 16 committed to a facility.  
5 17 4. That the respondent is a chronic substance abuser who  
5 18 is in need of treatment, but in the opinion of the ~~chief~~  
5 19 ~~medical officer~~ licensed physician, licensed psychiatrist, or  
5 20 psychiatric advanced registered nurse practitioner is not  
5 21 responding to the treatment provided. If the report so  
5 22 states, the report shall include the facility administrator's  
5 23 recommendation for alternative placement, and the court shall  
5 24 enter an order which may direct the respondent's transfer to  
5 25 the recommended placement or to another placement after  
5 26 consultation with respondent's attorney and the facility  
5 27 administrator who made the report under this subsection.  
5 28 Sec. 9. Section 125.86, Code 2007, is amended to read as  
5 29 follows:  
5 30 125.86 PERIODIC REPORTS REQUIRED.  
5 31 1. No more than thirty days after entry of a court order  
5 32 for commitment to a facility under section 125.84, subsection  
5 33 2, and thereafter at successive intervals not to exceed ninety  
5 34 days for as long as involuntary commitment of the respondent  
5 35 continues, the administrator of the facility shall report to  
6 1 the court which entered the order. The report shall be  
6 2 submitted in the manner required by section 125.84, shall  
6 3 state whether in the opinion of the ~~chief medical officer~~  
6 4 licensed physician, licensed psychiatrist, or psychiatric  
6 5 advanced registered nurse practitioner of the facility the  
6 6 respondent's condition has improved, remains unchanged, or has  
6 7 deteriorated, and shall indicate the further length of time  
6 8 the respondent will be required to remain at the facility.  
6 9 2. No more than sixty days after entry of a court order  
6 10 for treatment of a respondent under section 125.84, subsection  
6 11 3, and thereafter at successive intervals not to exceed ninety  
6 12 days for as long as involuntary treatment continues, the  
6 13 administrator of the facility shall report to the court which  
6 14 entered the order. The report shall be submitted in the  
6 15 manner required by section 125.84, shall state whether in the  
6 16 opinion of the ~~chief medical officer~~ licensed physician,  
6 17 licensed psychiatrist, or psychiatric advanced registered  
6 18 nurse practitioner of the facility the respondent's condition  
6 19 has improved, remains unchanged, or has deteriorated, and  
6 20 shall indicate the further length of time the respondent will  
6 21 require treatment by the facility. If the respondent fails or  
6 22 refuses to submit to treatment as ordered by the court, the  
6 23 administrator of the facility shall at once notify the court,  
6 24 which shall order the respondent committed for treatment as  
6 25 provided by section 125.84, subsection 3, unless the court  
6 26 finds that the failure or refusal was with good cause, and  
6 27 that the respondent is willing to receive treatment as  
6 28 provided in the court's order, or in a revised order if the  
6 29 court sees fit to enter one. If the administrator of the  
6 30 facility reports to the court that the respondent requires  
6 31 full-time custody, care, and treatment in a facility, and the  
6 32 respondent is willing to be admitted voluntarily to the  
6 33 facility for these purposes, the court may enter an order  
6 34 approving the placement upon consultation with the  
6 35 administrator of the facility in which the respondent is to be

7 1 placed. If the respondent is unwilling to be admitted  
7 2 voluntarily to the facility, the procedure for determining  
7 3 involuntary commitment, as provided in section 125.84,  
7 4 subsection 3, shall be followed.

7 5 Sec. 10. Section 125.91, subsection 2, paragraph b, Code  
7 6 2007, is amended to read as follows:

7 7 b. If the magistrate orders that the person be detained,  
7 8 the magistrate shall, by the close of business on the next  
7 9 working day, file a written order with the clerk in the county  
7 10 where it is anticipated that an application may be filed under  
7 11 section 125.75. The order may be filed by facsimile if  
7 12 necessary. The order shall state the circumstances under  
7 13 which the person was taken into custody or otherwise brought  
7 14 to a facility and the grounds supporting the finding of  
7 15 probable cause to believe that the person is a chronic  
7 16 substance abuser likely to result in physical injury to the  
7 17 person or others if not detained. The order shall confirm the  
7 18 oral order authorizing the person's detention including any  
7 19 order given to transport the person to an appropriate  
7 20 facility. The clerk shall provide a copy of that order to the  
7 21 ~~chief medical officer licensed physician, licensed~~  
7 22 ~~psychiatrist, or psychiatric advanced registered nurse~~  
7 23 ~~practitioner~~ of the facility to which the person was  
7 24 originally taken, any subsequent facility to which the person  
7 25 was transported, and to any law enforcement department or  
7 26 ambulance service that transported the person pursuant to the  
7 27 magistrate's order.

7 28 Sec. 11. Section 125.91, subsection 3, Code 2007, is  
7 29 amended to read as follows:

7 30 3. The ~~chief medical officer licensed physician, licensed~~  
7 31 ~~psychiatrist, or psychiatric advanced registered nurse~~

7 32 ~~practitioner~~ of the facility shall examine and may detain the  
7 33 person pursuant to the magistrate's order for a period not to  
7 34 exceed forty-eight hours from the time the order is dated,  
7 35 excluding Saturdays, Sundays, and holidays, unless the order  
8 1 is dismissed by a magistrate. The facility may provide  
8 2 treatment which is necessary to preserve the person's life or  
8 3 to appropriately control the person's behavior if the behavior  
8 4 is likely to result in physical injury to the person or others  
8 5 if allowed to continue or is otherwise deemed medically  
8 6 necessary by the ~~chief medical officer licensed physician,~~  
8 7 ~~licensed psychiatrist, or psychiatric advanced registered~~  
8 8 ~~nurse practitioner~~, but shall not otherwise provide treatment  
8 9 to the person without the person's consent. The person shall  
8 10 be discharged from the facility and released from detention no  
8 11 later than the expiration of the forty-eight-hour period,  
8 12 unless an application for involuntary commitment is filed with  
8 13 the clerk pursuant to section 125.75. The detention of a  
8 14 person by the procedure in this section, and not in excess of  
8 15 the period of time prescribed by this section, shall not  
8 16 render the peace officer, physician, or facility detaining the  
8 17 person liable in a criminal or civil action for false arrest  
8 18 or false imprisonment if the peace officer, physician, or  
8 19 facility had reasonable grounds to believe that the  
8 20 circumstances described in subsection 1 were applicable.

8 21 Sec. 12. Section 125.92, subsection 2, Code 2007, is  
8 22 amended to read as follows:

8 23 2. Render informed consent, except for treatment provided  
8 24 pursuant to sections 125.81 and 125.91. If the person is  
8 25 incompetent treatment may be consented to by the person's next  
8 26 of kin or guardian notwithstanding the person's refusal. If  
8 27 the person refuses treatment which in the opinion of the ~~chief~~  
8 28 ~~medical officer licensed physician, licensed psychiatrist, or~~  
8 29 ~~psychiatric advanced registered nurse practitioner of the~~  
8 30 ~~facility~~ is necessary or if the person is incompetent and the  
8 31 next of kin or guardian refuses to consent to the treatment or  
8 32 no next of kin or guardian is available the facility may  
8 33 petition a court of appropriate jurisdiction for approval to  
8 34 treat the person.

8 35 Sec. 13. Section 225C.2, Code 2007, is amended by adding  
9 1 the following new subsections:

9 2 NEW SUBSECTION. 7A. "Licensed physician" means an  
9 3 individual licensed under the provisions of chapter 148, 150,  
9 4 or 150A to practice medicine and surgery, osteopathy, or  
9 5 osteopathic medicine and surgery.

9 6 NEW SUBSECTION. 7B. "Licensed psychiatrist" means an  
9 7 individual licensed under the provisions of chapter 148, 150,  
9 8 or 150A to practice medicine and surgery, osteopathy, or  
9 9 osteopathic medicine and surgery with a specialty in the field  
9 10 of psychiatry.

9 11 NEW SUBSECTION. 9. "Psychiatric advanced registered nurse

9 12 practitioner" means an individual currently licensed as a  
9 13 registered nurse under chapter 152 or 152E who holds a  
9 14 national certification in psychiatric health care and who is  
9 15 registered with the board of nursing as an advanced registered  
9 16 nurse practitioner.

9 17 Sec. 14. Section 225C.14, subsection 2, Code 2007, is  
9 18 amended to read as follows:

9 19 2. As used in this section and sections 225C.15, 225C.16  
9 20 and 225C.17, the term "medical emergency" means a situation in  
9 21 which a prospective patient is received at a state mental  
9 22 health institute in a condition which, in the opinion of the  
9 23 ~~chief medical officer, or that officer's physician designee~~  
9 24 licensed physician, licensed psychiatrist, or psychiatric  
9 25 advanced registered nurse practitioner, requires the immediate  
9 26 admission of the person notwithstanding the policy stated in  
9 27 subsection 1.

9 28 Sec. 15. Section 225C.16, subsections 1, 2, and 4, Code  
9 29 2007, are amended to read as follows:

9 30 1. The ~~chief medical officer~~ licensed physician, licensed  
9 31 psychiatrist, or psychiatric advanced registered nurse  
9 32 practitioner of a state mental health institute, ~~or that~~  
9 33 ~~officer's physician designee~~, shall advise a person residing  
9 34 in that county who applies for voluntary admission, or a  
9 35 person applying for the voluntary admission of another person  
10 1 who resides in that county, in accordance with section 229.41,  
10 2 that the board of supervisors has implemented the policy  
10 3 stated in section 225C.14, and shall advise that a preliminary  
10 4 diagnostic evaluation of the prospective patient be sought, if  
10 5 that has not already been done. This subsection does not  
10 6 apply when voluntary admission is sought in accordance with  
10 7 section 229.41 under circumstances which, in the opinion of  
10 8 the ~~chief medical officer or that officer's physician~~  
10 9 designee licensed physician, licensed psychiatrist, or psychiatric  
10 10 advanced registered nurse practitioner, constitute a medical  
10 11 emergency.

10 12 2. The clerk of the district court in that county shall  
10 13 refer a person applying for authorization for voluntary  
10 14 admission, or for authorization for voluntary admission of  
10 15 another person, in accordance with section 229.42, to the  
10 16 appropriate entity designated through the central point of  
10 17 coordination process under section 225C.14 for the preliminary  
10 18 diagnostic evaluation unless the applicant furnishes a written  
10 19 statement from the appropriate entity which indicates that the  
10 20 evaluation has been performed and that the person's admission  
10 21 to a state mental health institute is appropriate. This  
10 22 subsection does not apply when authorization for voluntary  
10 23 admission is sought under circumstances which, in the opinion  
10 24 of the ~~chief medical officer or that officer's physician~~  
10 25 ~~designee~~ licensed physician, licensed psychiatrist, or  
10 26 psychiatric advanced registered nurse practitioner, constitute  
10 27 a medical emergency.

10 28 4. The ~~chief medical officer~~ licensed physician, licensed  
10 29 psychiatrist, or psychiatric advanced registered nurse  
10 30 practitioner of a state mental health institute shall promptly  
10 31 submit to the appropriate entity designated through the  
10 32 central point of coordination process under section 225C.14 a  
10 33 report of the voluntary admission of a patient under the  
10 34 medical emergency clauses of subsections 1 and 2. The report  
10 35 shall explain the nature of the emergency which necessitated  
11 1 the admission of the patient without a preliminary diagnostic  
11 2 evaluation by the designated entity.

11 3 Sec. 16. Section 227.10, Code 2007, is amended to read as  
11 4 follows:

11 5 227.10 TRANSFERS FROM COUNTY OR PRIVATE INSTITUTIONS.

11 6 Patients who have been admitted at public expense to any  
11 7 institution to which this chapter is applicable may be  
11 8 involuntarily transferred to the proper state hospital for  
11 9 persons with mental illness in the manner prescribed by  
11 10 sections 229.6 to 229.13. The application required by section  
11 11 229.6 may be filed by the administrator of the division or the  
11 12 administrator's designee, or by the administrator of the  
11 13 institution where the patient is then being maintained or  
11 14 treated. If the patient was admitted to that institution  
11 15 involuntarily, the administrator of the division may arrange  
11 16 and complete the transfer, and shall report it as required of  
11 17 ~~a chief medical officer~~ the licensed physician, licensed  
11 18 psychiatrist, or psychiatric advanced registered nurse  
11 19 practitioner under section 229.15, subsection 4. The transfer  
11 20 shall be made at county expense, and the expense recovered, as  
11 21 provided in section 227.7. However, transfer under this  
11 22 section of a patient whose expenses are payable in whole or in

11 23 part by a county is subject to an authorization for the  
11 24 transfer through the central point of coordination process.  
11 25 Sec. 17. Section 227.11, Code 2007, is amended to read as  
11 26 follows:

11 27 227.11 TRANSFERS FROM STATE HOSPITALS.

11 28 A county chargeable with the expense of a patient in a  
11 29 state hospital for persons with mental illness shall transfer  
11 30 the patient to a county or private institution for persons  
11 31 with mental illness that is in compliance with the applicable  
11 32 rules when the administrator of the division or the  
11 33 administrator's designee orders the transfer on a finding that  
11 34 the patient is suffering from chronic mental illness or from  
11 35 senility and will receive equal benefit by being so  
12 1 transferred. A county shall transfer to its county care  
12 2 facility any patient in a state hospital for persons with  
12 3 mental illness upon request of the superintendent of the state  
12 4 hospital in which the patient is confined pursuant to the  
12 5 superintendent's authority under section 229.15, subsection 4,  
12 6 and approval by the board of supervisors of the county of the  
12 7 patient's residence. In no case shall a patient be thus  
12 8 transferred except upon compliance with section 229.14A or  
12 9 without the written consent of a relative, friend, or guardian  
12 10 if such relative, friend, or guardian pays the expense of the  
12 11 care of such patient in a state hospital. Patients  
12 12 transferred to a public or private facility under this section  
12 13 may subsequently be placed on convalescent or limited leave or  
12 14 transferred to a different facility for continued full-time  
12 15 custody, care, and treatment when, in the opinion of the  
12 16 attending physician or the ~~chief medical officer licensed~~  
12 17 physician, licensed psychiatrist, or psychiatric advanced  
12 18 registered nurse practitioner of the hospital from which the  
12 19 patient was so transferred, the best interest of the patient  
12 20 would be served by such leave or transfer. For any patient  
12 21 who is involuntarily committed, any transfer made under this  
12 22 section is subject to the placement hearing requirements of  
12 23 section 229.14A.

12 24 Sec. 18. Section 229.1, subsection 4, Code 2007, is  
12 25 amended to read as follows:

12 26 4. "Chemotherapy" means treatment of an individual by use  
12 27 of a drug or substance which cannot legally be delivered or  
12 28 administered to the ultimate user without ~~a physician's an~~  
12 29 authorized prescription or medical order.

12 30 Sec. 19. Section 229.1, subsection 5, Code 2007, is  
12 31 amended by striking the subsection.

12 32 Sec. 20. Section 229.1, Code 2007, is amended by adding  
12 33 the following new subsections:

12 34 NEW SUBSECTION. 8A. "Licensed psychiatrist" means an  
12 35 individual licensed under the provisions of chapter 148, 150,  
13 1 or 150A to practice medicine and surgery, osteopathy, or  
13 2 osteopathic medicine and surgery with a specialty in  
13 3 psychiatry.

13 4 NEW SUBSECTION. 11A. "Psychiatric advanced registered  
13 5 nurse practitioner" means an individual currently licensed as  
13 6 a registered nurse under chapter 152 or 152E who holds a  
13 7 national certification in psychiatric health care and who is  
13 8 registered with the board of nursing as an advanced registered  
13 9 nurse practitioner.

13 10 Sec. 21. Section 229.1, subsection 13, Code 2007, is  
13 11 amended to read as follows:

13 12 13. "Qualified mental health professional" means an  
13 13 individual experienced in the study and treatment of mental  
13 14 disorders in ~~the capacity of any of the following capacities:~~

13 15 a. A psychologist certified under chapter 154B ~~or,~~  
13 16 b. A registered nurse licensed under chapter 152 ~~or with~~  
13 17 three years of work experience in psychiatric health care.

13 18 c. A social worker licensed under chapter 154C.

13 19 d. A physician assistant licensed under chapter 148C with  
13 20 three years of work experience in psychiatric health care.

13 21 e. A psychiatric advanced registered nurse practitioner.

13 22 Sec. 22. Section 229.2, subsection 1, paragraphs a and b,  
13 23 Code 2007, are amended to read as follows:

13 24 a. Upon receipt of an application for voluntary admission  
13 25 of a minor, the ~~chief medical officer licensed physician,~~  
13 26 licensed psychiatrist, or psychiatric advanced registered  
13 27 nurse practitioner of the hospital shall provide separate  
13 28 prescreening interviews and consultations with the parent,  
13 29 guardian or custodian and the minor to assess the family  
13 30 environment and the appropriateness of the application for  
13 31 admission.

13 32 b. During the interview and consultation the ~~chief medical~~  
13 33 officer licensed physician, licensed psychiatrist, or

13 34 psychiatric advanced registered nurse practitioner shall  
13 35 inform the minor orally and in writing that the minor has a  
14 1 right to object to the admission. If the ~~chief medical~~  
14 2 ~~officer~~ licensed physician, licensed psychiatrist, or  
14 3 psychiatric advanced registered nurse practitioner of the  
14 4 hospital to which application is made determines that the  
14 5 admission is appropriate but the minor objects to the  
14 6 admission, the parent, guardian or custodian must petition the  
14 7 juvenile court for approval of the admission before the minor  
14 8 is actually admitted.

14 9 Sec. 23. Section 229.2, subsection 2, paragraphs a and b,  
14 10 Code 2007, are amended to read as follows:

14 11 a. The ~~chief medical officer~~ licensed physician, licensed  
14 12 psychiatrist, or psychiatric advanced registered nurse  
14 13 practitioner of a public hospital shall receive and may admit  
14 14 the person whose admission is sought, subject in cases other  
14 15 than medical emergencies to availability of suitable  
14 16 accommodations and to the provisions of sections 229.41 and  
14 17 229.42.

14 18 b. The ~~chief medical officer~~ licensed physician, licensed  
14 19 psychiatrist, or psychiatric advanced registered nurse  
14 20 practitioner of a private hospital may receive and may admit  
14 21 the person whose admission is sought.

14 22 Sec. 24. Section 229.3, Code 2007, is amended to read as  
14 23 follows:

14 24 229.3 DISCHARGE OF VOLUNTARY PATIENTS.

14 25 Any voluntary patient who has recovered, or whose  
14 26 hospitalization the ~~chief medical officer~~ licensed physician,  
14 27 licensed psychiatrist, or psychiatric advanced registered  
14 28 nurse practitioner of the hospital determines is no longer  
14 29 advisable, shall be discharged. Any voluntary patient may be  
14 30 discharged if to do so would in the judgment of the chief  
14 31 medical officer contribute to the most effective use of the  
14 32 hospital in the care and treatment of that patient and of  
14 33 other persons with mental illness.

14 34 Sec. 25. Section 229.4, subsection 3, Code 2007, is  
14 35 amended to read as follows:

15 1 3. If the ~~chief medical officer~~ licensed physician,  
15 2 licensed psychiatrist, or psychiatric advanced registered  
15 3 nurse practitioner of the hospital, not later than the end of  
15 4 the next secular day on which the office of the clerk of the  
15 5 district court for the county in which the hospital is located  
15 6 is open and which follows the submission of the written  
15 7 request for release of the patient, files with that clerk a  
15 8 certification that in the ~~chief medical officer's~~ opinion of  
15 9 the licensed physician, licensed psychiatrist, or psychiatric

15 10 advanced registered nurse practitioner the patient is  
15 11 seriously mentally impaired, the release may be postponed for  
15 12 the period of time the court determines is necessary to permit  
15 13 commencement of judicial procedure for involuntary  
15 14 hospitalization. That period of time may not exceed five  
15 15 days, exclusive of days on which the clerk's office is not  
15 16 open unless the period of time is extended by order of a  
15 17 district court judge for good cause shown. Until disposition  
15 18 of the application for involuntary hospitalization of the  
15 19 patient, if one is timely filed, the ~~chief medical officer~~  
15 20 licensed physician, licensed psychiatrist, or psychiatric  
15 21 advanced registered nurse practitioner may detain the patient  
15 22 in the hospital and may provide treatment which is necessary  
15 23 to preserve the patient's life, or to appropriately control  
15 24 behavior by the patient which is likely to result in physical  
15 25 injury to the patient or to others if allowed to continue, but  
15 26 may not otherwise provide treatment to the patient without the  
15 27 patient's consent.

15 28 Sec. 26. Section 229.5, Code 2007, is amended to read as  
15 29 follows:

15 30 229.5 DEPARTURE WITHOUT NOTICE.

15 31 If a voluntary patient departs from the hospital without  
15 32 notice, and in the opinion of the ~~chief medical officer~~  
15 33 licensed physician, licensed psychiatrist, or psychiatric  
15 34 advanced registered nurse practitioner of the hospital the  
15 35 patient is seriously mentally impaired, the ~~chief medical~~  
16 1 ~~officer~~ licensed physician, licensed psychiatrist, or  
16 2 psychiatric advanced registered nurse practitioner may file an  
16 3 application for involuntary hospitalization of the departed  
16 4 voluntary patient, and request that an order for immediate  
16 5 custody be entered by the court pursuant to section 229.11.

16 6 Sec. 27. Section 229.6, subsection 3, Code 2007, is  
16 7 amended to read as follows:

16 8 3. Be accompanied by all of the following:

16 9 a. A written statement of a licensed physician, licensed

16 10 psychiatrist, or psychiatric advanced registered nurse  
16 11 practitioner in support of the application ~~or~~.  
16 12 b. One or more supporting affidavits otherwise  
16 13 corroborating the application ~~or~~.  
16 14 c. Corroborative information obtained and reduced to  
16 15 writing by the clerk or the clerk's designee, but only when  
16 16 circumstances make it infeasible to comply with, or when the  
16 17 clerk considers it appropriate to supplement the information  
16 18 supplied pursuant to, either paragraph "a" or paragraph "b" of  
16 19 this subsection.  
16 20 Sec. 28. Section 229.8, subsection 3, paragraph b, Code  
16 21 2007, is amended to read as follows:  
16 22 b. Order an examination of the respondent, prior to the  
16 23 hearing, by one or more licensed physicians, licensed  
16 24 psychiatrists, or psychiatric advanced registered nurse  
16 25 practitioners who shall submit a written report on the  
16 26 examination to the court as required by section 229.10.  
16 27 Sec. 29. Section 229.10, Code 2007, is amended to read as  
16 28 follows:  
16 29 229.10 ~~PHYSICIANS~~ EXAMINATION == REPORT.  
16 30 1. An examination of the respondent shall be conducted by  
16 31 one or more licensed physicians, licensed psychiatrists, or  
16 32 psychiatric advanced registered nurse practitioners as  
16 33 required by the court's order, within a reasonable time. If  
16 34 the respondent is detained pursuant to section 229.11,  
16 35 subsection 2, the examination shall be conducted within  
17 1 twenty-four hours. If the respondent is detained pursuant to  
17 2 section 229.11, subsection 1 or 3, the examination shall be  
17 3 conducted within forty-eight hours. If the respondent so  
17 4 desires, the respondent shall be entitled to a separate  
17 5 examination by a licensed physician, licensed psychiatrist, or  
17 6 psychiatric advanced registered nurse practitioner of the  
17 7 respondent's own choice. The reasonable cost of the  
17 8 examinations shall, if the respondent lacks sufficient funds  
17 9 to pay the cost, be paid from county funds upon order of the  
17 10 court.  
17 11 Any licensed physician, licensed psychiatrist, or  
17 12 psychiatric advanced registered nurse practitioner conducting  
17 13 an examination pursuant to this section may consult with or  
17 14 request the participation in the examination of any qualified  
17 15 mental health professional, and may include with or attach to  
17 16 the written report of the examination any findings or  
17 17 observations by any qualified mental health professional who  
17 18 has been so consulted or has so participated in the  
17 19 examination.  
17 20 If the respondent is not taken into custody under section  
17 21 229.11, but the court is subsequently informed that the  
17 22 respondent has declined to be examined by the licensed  
17 23 physician ~~or physicians~~, licensed psychiatrist, or psychiatric  
17 24 advanced registered nurse practitioner pursuant to the court  
17 25 order, the court may order such limited detention of the  
17 26 respondent as is necessary to facilitate the examination of  
17 27 the respondent by the licensed physician ~~or physicians~~,  
17 28 licensed psychiatrist, or psychiatric advanced registered  
17 29 nurse practitioner.  
17 30 2. A written report of the examination by the  
17 31 court-designated licensed physician or physicians, licensed  
17 32 psychiatrist, or psychiatric advanced registered nurse  
17 33 practitioner shall be filed with the clerk prior to the time  
17 34 set for hearing. A written report of any examination by a  
17 35 licensed physician, licensed psychiatrist, or psychiatric  
18 1 advanced registered nurse practitioner chosen by the  
18 2 respondent may be similarly filed. The clerk shall  
18 3 immediately do all of the following:  
18 4 a. Cause the report or reports to be shown to the judge  
18 5 who issued the order ~~and~~.  
18 6 b. Cause the respondent's attorney to receive a copy of  
18 7 the report of the court-designated licensed physician or  
18 8 physicians, licensed psychiatrist, or psychiatric advanced  
18 9 registered nurse practitioner.  
18 10 3. If the report of the court-designated licensed  
18 11 physician or physicians, licensed psychiatrist, or psychiatric  
18 12 advanced registered nurse practitioner is to the effect that  
18 13 the individual is not seriously mentally impaired, the court  
18 14 may without taking further action terminate the proceeding and  
18 15 dismiss the application on its own motion and without notice.  
18 16 4. If the report of the court-designated licensed  
18 17 physician or physicians, licensed psychiatrist, or psychiatric  
18 18 advanced registered nurse practitioner is to the effect that  
18 19 the respondent is seriously mentally impaired, the court shall  
18 20 schedule a hearing on the application as soon as possible.



18 21 The hearing shall be held not more than forty-eight hours  
18 22 after the report is filed, excluding Saturdays, Sundays and  
18 23 holidays, unless an extension for good cause is requested by  
18 24 the respondent, or as soon thereafter as possible if the court  
18 25 considers that sufficient grounds exist for delaying the  
18 26 hearing.

18 27 Sec. 30. Section 229.11, subsection 2, Code 2007, is  
18 28 amended to read as follows:

18 29 2. In a suitable hospital the ~~chief medical officer of~~  
~~18 30 which licensed physician, licensed psychiatrist, or~~  
~~18 31 psychiatric advanced registered nurse practitioner of the~~  
~~18 32 hospital~~ shall be informed of the reasons why immediate  
18 33 custody has been ordered and may provide treatment which is  
18 34 necessary to preserve the respondent's life, or to  
18 35 appropriately control behavior by the respondent which is  
19 1 likely to result in physical injury to the respondent or to  
19 2 others if allowed to continue, but may not otherwise provide  
19 3 treatment to the respondent without the respondent's consent;  
19 4 or

19 5 Sec. 31. Section 229.13, subsections 4, 5, and 6, Code  
19 6 2007, are amended to read as follows:

19 7 4. The court shall furnish to the ~~chief medical officer~~  
19 8 licensed physician, licensed psychiatrist, or psychiatric  
19 9 advanced registered nurse practitioner of the hospital or  
19 10 facility at the time the respondent arrives at the hospital or  
19 11 facility for inpatient or outpatient treatment a written  
19 12 finding of fact setting forth the evidence on which the  
19 13 finding is based. If the respondent is ordered to undergo  
19 14 outpatient treatment, the order shall also require the  
19 15 respondent to cooperate with the treatment provider and comply  
19 16 with the course of treatment.

19 17 5. The ~~chief medical officer~~ licensed physician, licensed  
19 18 psychiatrist, or psychiatric advanced registered nurse  
19 19 practitioner of the hospital or facility at which the  
19 20 respondent is placed shall report to the court no more than  
19 21 fifteen days after the respondent is placed, making a  
19 22 recommendation for disposition of the matter. An extension of  
19 23 time may be granted, not to exceed seven days upon a showing  
19 24 of cause. A copy of the report shall be sent to the  
19 25 respondent's attorney, who may contest the need for an  
19 26 extension of time if one is requested. An extension of time  
19 27 shall be granted upon request unless the request is contested,  
19 28 in which case the court shall make such inquiry as it deems  
19 29 appropriate and may either order the respondent's release from  
19 30 the hospital or facility or grant an extension of time for  
19 31 psychiatric evaluation. If the ~~chief medical officer~~ licensed  
19 32 physician, licensed psychiatrist, or psychiatric advanced  
19 33 registered nurse practitioner fails to report to the court  
19 34 within fifteen days after the individual is placed under the  
19 35 care of the hospital or facility, and an extension of time has  
20 1 not been requested, the ~~chief medical officer~~ licensed  
20 2 physician, licensed psychiatrist, or psychiatric advanced  
20 3 registered nurse practitioner is guilty of contempt and shall  
20 4 be punished under chapter 665. The court shall order a  
20 5 rehearing on the application to determine whether the  
20 6 respondent should continue to be detained at or placed under  
20 7 the care of the facility.

20 8 6. If, after placement of a respondent in or under the  
20 9 care of a hospital or other suitable facility for inpatient  
20 10 treatment, the respondent departs from the hospital or  
20 11 facility or fails to appear for treatment as ordered without  
20 12 prior proper authorization from the ~~chief medical officer~~  
20 13 licensed physician, licensed psychiatrist, or psychiatric  
20 14 advanced registered nurse practitioner, upon receipt of  
20 15 notification of the respondent's departure or failure to  
20 16 appear by the ~~chief medical officer~~ licensed physician,  
20 17 licensed psychiatrist, or psychiatric advanced registered  
20 18 nurse practitioner, a peace officer of the state shall without  
20 19 further order of the court exercise all due diligence to take  
20 20 the respondent into protective custody and return the  
20 21 respondent to the hospital or facility.

20 22 Sec. 32. Section 229.14, Code 2007, is amended to read as  
20 23 follows:

20 24 229.14 ~~CHIEF MEDICAL OFFICER'S~~ EVALUATOR'S REPORT.

20 25 1. The ~~chief medical officer's~~ report to the court on the  
20 26 psychiatric evaluation of the respondent prepared by the  
20 27 licensed physician, licensed psychiatrist, or psychiatric  
20 28 advanced registered nurse practitioner of the hospital shall  
20 29 be made not later than the expiration of the time specified in  
20 30 section 229.13. At least two copies of the report shall be  
20 31 filed with the clerk, who shall dispose of them in the manner

20 32 prescribed by section 229.10, subsection 2. The report shall  
20 33 state one of the four following alternative findings:  
20 34 a. That the respondent does not, as of the date of the  
20 35 report, require further treatment for serious mental  
21 1 impairment. If the report so states, the court shall order  
21 2 the respondent's immediate release from involuntary  
21 3 hospitalization and terminate the proceedings.  
21 4 b. That the respondent is seriously mentally impaired and  
21 5 in need of full-time custody, care and inpatient treatment in  
21 6 a hospital, and is considered likely to benefit from  
21 7 treatment. The report shall include the ~~chief medical~~  
~~21 8 officer's recommendation of the licensed physician, licensed~~  
~~21 9 psychiatrist, or psychiatric advanced registered nurse~~  
~~21 10 practitioner~~ for further treatment.  
21 11 c. That the respondent is seriously mentally impaired and  
21 12 in need of treatment, but does not require full-time  
21 13 hospitalization. If the report so states, it shall include  
21 14 the ~~chief medical officer's recommendation of the licensed~~  
~~21 15 physician, licensed psychiatrist, or psychiatric advanced~~  
~~21 16 registered nurse practitioner~~ for treatment of the respondent  
21 17 on an outpatient or other appropriate basis.  
21 18 d. The respondent is seriously mentally impaired and in  
21 19 need of full-time custody and care, but is unlikely to benefit  
21 20 from further inpatient treatment in a hospital. The report  
21 21 shall include the ~~chief medical officer's recommendation of~~  
~~21 22 the licensed physician, licensed psychiatrist, or psychiatric~~  
~~21 23 advanced registered nurse practitioner~~ for an appropriate  
21 24 alternative placement for the respondent.  
21 25 2. Following receipt of the ~~chief medical officer's report~~  
~~21 26 of the licensed physician, licensed psychiatrist, or~~  
~~21 27 psychiatric advanced registered nurse practitioner~~ under  
21 28 subsection 1, paragraph "b", "c", or "d", the court shall  
21 29 issue an order for appropriate treatment as follows:  
21 30 a. For a respondent whose expenses are payable in whole or  
21 31 in part by a county, placement as designated through the  
21 32 central point of coordination process in the care of an  
21 33 appropriate hospital or facility on an inpatient or outpatient  
21 34 basis, or other appropriate treatment, or in an appropriate  
21 35 alternative placement.  
22 1 b. For any other respondent, placement in the care of an  
22 2 appropriate hospital or facility on an inpatient or outpatient  
22 3 basis, or other appropriate treatment, or an appropriate  
22 4 alternative placement.  
22 5 c. For a respondent who is an inmate in the custody of the  
22 6 department of corrections, the court may order the respondent  
22 7 to receive mental health services in a correctional program.  
22 8 d. If the court orders treatment of the respondent on an  
22 9 outpatient or other appropriate basis as described in the  
22 10 ~~chief medical officer's report of the licensed physician,~~  
~~22 11 licensed psychiatrist, or psychiatric advanced registered~~  
~~22 12 nurse practitioner~~ pursuant to subsection 1, paragraph "c",  
22 13 the order shall provide that, should the respondent fail or  
22 14 refuse to submit to treatment in accordance with the court's  
22 15 order, the court may order that the respondent be taken into  
22 16 immediate custody as provided by section 229.11 and, following  
22 17 notice and hearing held in accordance with the procedures of  
22 18 section 229.12, may order the respondent treated on an  
22 19 inpatient basis requiring full-time custody, care, and  
22 20 treatment in a hospital until such time as the ~~chief medical~~  
~~22 21 officer licensed physician, licensed psychiatrist, or~~  
~~22 22 psychiatric advanced registered nurse practitioner~~ reports  
22 23 that the respondent does not require further treatment for  
22 24 serious mental impairment or has indicated the respondent is  
22 25 willing to submit to treatment on another basis as ordered by  
22 26 the court. If a patient is transferred for treatment to  
22 27 another provider under this paragraph, the treatment provider  
22 28 who will be providing the outpatient or other appropriate  
22 29 treatment shall be provided with copies of relevant court  
22 30 orders by the former treatment provider.  
22 31 Sec. 33. Section 229.14A, subsection 1, Code 2007, is  
22 32 amended to read as follows:  
22 33 1. With respect to a ~~chief medical officer's report of the~~  
~~22 34 licensed physician, licensed psychiatrist, or psychiatric~~  
~~22 35 advanced registered nurse practitioner~~ made pursuant to  
23 1 section 229.14, subsection 1, paragraph "b", "c", or "d", or  
23 2 any other provision of this chapter related to involuntary  
23 3 commitment for which the court issues a placement order or a  
23 4 transfer of placement is authorized, the court shall provide  
23 5 notice to the respondent and the respondent's attorney or  
23 6 mental health advocate pursuant to section 229.19 concerning  
23 7 the placement order and the respondent's right to request a

23 8 placement hearing to determine if the order for placement or  
23 9 transfer of placement is appropriate.

23 10 Sec. 34. Section 229.14B, Code 2007, is amended to read as  
23 11 follows:

23 12 229.14B ESCAPE FROM CUSTODY.

23 13 A person who is placed in a hospital or other suitable  
23 14 facility for evaluation under section 229.13 or who is  
23 15 required to remain hospitalized for treatment under section  
23 16 229.14 shall remain at that hospital or facility unless  
23 17 discharged or otherwise permitted to leave by the court or the  
23 18 ~~chief medical officer licensed physician, licensed~~  
23 19 ~~psychiatrist, or psychiatric advanced registered nurse~~

23 20 ~~practitioner~~ of the hospital or facility. If a person placed  
23 21 at a hospital or facility or required to remain at a hospital  
23 22 or facility leaves the facility without permission or without  
23 23 having been discharged, the ~~chief medical officer licensed~~  
23 24 ~~physician, licensed psychiatrist, or psychiatric advanced~~  
23 25 ~~registered nurse practitioner~~ may notify the sheriff of the  
23 26 person's absence and the sheriff shall take the person into  
23 27 custody and return the person promptly to the hospital or  
23 28 facility.

23 29 Sec. 35. Section 229.15, subsections 1 and 2, Code 2007,  
23 30 are amended to read as follows:

23 31 1. Not more than thirty days after entry of an order for  
23 32 continued hospitalization of a patient under section 229.14,  
23 33 subsection 1, paragraph "b", and thereafter at successive  
23 34 intervals of not more than sixty days continuing so long as  
23 35 involuntary hospitalization of the patient continues, the

24 1 ~~chief medical officer licensed physician, licensed~~  
24 2 ~~psychiatrist, or psychiatric advanced registered nurse~~

24 3 ~~practitioner~~ of the hospital shall report to the court which  
24 4 entered the order. The report shall be submitted in the  
24 5 manner required by section 229.14, shall state whether the  
24 6 patient's condition has improved, remains unchanged, or has  
24 7 deteriorated, and shall indicate if possible the further  
24 8 length of time the patient will be required to remain at the  
24 9 hospital. The ~~chief medical officer licensed physician,~~  
24 10 ~~licensed psychiatrist, or psychiatric advanced registered~~

24 11 ~~nurse practitioner~~ may at any time report to the court a  
24 12 finding as stated in section 229.14, subsection 1, and the  
24 13 court shall act upon the finding as required by section  
24 14 229.14, subsection 2.

24 15 2. Not more than sixty days after the entry of a court  
24 16 order for treatment of a patient pursuant to a report issued  
24 17 under section 229.14, subsection 1, paragraph "c", and  
24 18 thereafter at successive intervals as ordered by the court but  
24 19 not to exceed ninety days so long as that court order remains  
24 20 in effect, the medical director of the facility treating the  
24 21 patient shall report to the court which entered the order.  
24 22 The report shall state whether the patient's condition has  
24 23 improved, remains unchanged, or has deteriorated, and shall  
24 24 indicate if possible the further length of time the patient  
24 25 will require treatment by the facility. If at any time the  
24 26 patient without good cause fails or refuses to submit to  
24 27 treatment as ordered by the court, the medical director shall  
24 28 at once so notify the court, which shall order the patient  
24 29 hospitalized as provided by section 229.14, subsection 2,  
24 30 paragraph "d", unless the court finds that the failure or  
24 31 refusal was with good cause and that the patient is willing to  
24 32 receive treatment as provided in the court's order, or in a  
24 33 revised order if the court sees fit to enter one. If at any  
24 34 time the medical director reports to the court that in the  
24 35 director's opinion the patient requires full-time custody,

25 1 care and treatment in a hospital, and the patient is willing  
25 2 to be admitted voluntarily to the hospital for these purposes,  
25 3 the court may enter an order approving hospitalization for  
25 4 appropriate treatment upon consultation with the ~~chief medical~~  
25 5 ~~officer licensed physician, licensed psychiatrist, or~~  
25 6 ~~psychiatric advanced registered nurse practitioner~~ of the  
25 7 hospital in which the patient is to be hospitalized. If the  
25 8 patient is unwilling to be admitted voluntarily to the  
25 9 hospital, the procedure for determining involuntary  
25 10 hospitalization, as set out in section 229.14, subsection 2,  
25 11 paragraph "d", shall be followed.

25 12 Sec. 36. Section 229.15, subsection 4, paragraph a, Code  
25 13 2007, is amended to read as follows:

25 14 a. When in the opinion of the ~~chief medical officer~~  
25 15 ~~licensed physician, licensed psychiatrist, or psychiatric~~  
25 16 ~~advanced registered nurse practitioner~~, the best interest of a  
25 17 patient would be served by a convalescent or limited leave,  
25 18 the ~~chief medical officer licensed physician, licensed~~

25 19 psychiatrist, or psychiatric advanced registered nurse  
25 20 practitioner may authorize the leave and, if authorized, shall  
25 21 promptly report the leave to the court. When in the opinion  
25 22 of the ~~chief medical officer~~ licensed physician, licensed  
25 23 psychiatrist, or psychiatric advanced registered nurse  
25 24 practitioner the best interest of a patient would be served by  
25 25 a transfer to a different hospital for continued full-time  
25 26 custody, care, and treatment, the ~~chief medical officer~~  
25 27 licensed physician, licensed psychiatrist, or psychiatric  
25 28 advanced registered nurse practitioner shall promptly send a  
25 29 report to the court. The court shall act upon the report in  
25 30 accordance with section 229.14A.

25 31 Sec. 37. Section 229.16, Code 2007, is amended to read as  
25 32 follows:

25 33 229.16 DISCHARGE AND TERMINATION OF PROCEEDING.

25 34 When the condition of a patient who is hospitalized  
25 35 pursuant to a report issued under section 229.14, subsection  
26 1 1, paragraph "b", or is receiving treatment pursuant to a  
26 2 report issued under section 229.14, subsection 1, paragraph  
26 3 "c", or is in full-time care and custody pursuant to a report  
26 4 issued under section 229.14, subsection 1, paragraph "d", is  
26 5 such that in the opinion of the ~~chief medical officer~~ licensed  
26 6 physician, licensed psychiatrist, or psychiatric advanced  
26 7 registered nurse practitioner the patient no longer requires  
26 8 treatment or care for serious mental impairment, the ~~chief~~  
26 9 ~~medical officer~~ licensed physician, licensed psychiatrist, or  
26 10 psychiatric advanced registered nurse practitioner shall  
26 11 tentatively discharge the patient and immediately report that  
26 12 fact to the court which ordered the patient's hospitalization  
26 13 or care and custody. Upon receiving the report, the court  
26 14 shall issue an order confirming the patient's discharge from  
26 15 the hospital or from care and custody, as the case may be, and  
26 16 shall terminate the proceedings pursuant to which the order  
26 17 was issued. Copies of the order shall be sent by regular mail  
26 18 to the hospital, the patient, and the applicant if the  
26 19 applicant has filed a written waiver signed by the patient.

26 20 Sec. 38. Section 229.19, subsection 2, Code Supplement  
26 21 2007, is amended to read as follows:

26 22 2. The hospital or facility to which a patient is  
26 23 committed shall grant all reasonable requests of the advocate  
26 24 to visit the patient, to communicate with ~~medical personnel~~  
26 25 all qualified mental health professionals treating the  
26 26 patient, and to review the patient's medical records pursuant  
26 27 to section 229.25. An advocate shall not disseminate  
26 28 information from a patient's medical records to any other  
26 29 person unless done for official purposes in connection with  
26 30 the advocate's duties pursuant to this chapter or when  
26 31 required by law.

26 32 Sec. 39. Section 229.21, subsection 4, Code 2007, is  
26 33 amended to read as follows:

26 34 4. If the appellant is in custody under the jurisdiction  
26 35 of the district court at the time of service of the notice of  
27 1 appeal, the appellant shall be discharged from custody unless  
27 2 an order that the appellant be taken into immediate custody  
27 3 has previously been issued under section 229.11 or section  
27 4 125.81, in which case the appellant shall be detained as  
27 5 provided in that section until the hospitalization or  
27 6 commitment hearing before the district judge. If the  
27 7 appellant is in the custody of a hospital or facility at the  
27 8 time of service of the notice of appeal, the appellant shall  
27 9 be discharged from custody pending disposition of the appeal  
27 10 unless the ~~chief medical officer~~ licensed physician, licensed  
27 11 psychiatrist, or psychiatric advanced registered nurse  
27 12 practitioner of the hospital or facility, not later than the  
27 13 end of the next secular day on which the office of the clerk  
27 14 is open and which follows service of the notice of appeal,  
27 15 files with the clerk a certification that in the ~~chief medical~~  
27 16 ~~officer's~~ opinion of the licensed physician, licensed  
27 17 psychiatrist, or psychiatric advanced registered nurse  
27 18 practitioner, the appellant is seriously mentally ill or a  
27 19 substance abuser. In that case, the appellant shall remain in  
27 20 custody of the hospital or facility until the hospitalization  
27 21 or commitment hearing before the district court.

27 22 Sec. 40. Section 229.22, subsection 2, unnumbered  
27 23 paragraph 2, Code 2007, is amended to read as follows:

27 24 If the magistrate orders that the person be detained, the  
27 25 magistrate shall, by the close of business on the next working  
27 26 day, file a written order with the clerk in the county where  
27 27 it is anticipated that an application may be filed under  
27 28 section 229.6. The order may be filed by facsimile if  
27 29 necessary. The order shall state the circumstances under

27 30 which the person was taken into custody or otherwise brought  
27 31 to a facility, and the grounds supporting the finding of  
27 32 probable cause to believe that the person is seriously  
27 33 mentally impaired and likely to injure the person's self or  
27 34 others if not immediately detained. The order shall confirm  
27 35 the oral order authorizing the person's detention including  
28 1 any order given to transport the person to an appropriate  
28 2 facility. The clerk shall provide a copy of that order to the  
28 3 ~~chief medical officer~~ licensed physician, licensed  
28 4 psychiatrist, or psychiatric advanced registered nurse  
28 5 practitioner of the facility to which the person was  
28 6 originally taken, to any subsequent facility to which the  
28 7 person was transported, and to any law enforcement department  
28 8 or ambulance service that transported the person pursuant to  
28 9 the magistrate's order.

28 10 Sec. 41. Section 229.22, subsection 3, Code 2007, is  
28 11 amended to read as follows:

28 12 3. The ~~chief medical officer~~ licensed physician, licensed  
28 13 psychiatrist, or psychiatric advanced registered nurse  
28 14 practitioner of the hospital shall examine and may detain and  
28 15 care for the person taken into custody under the magistrate's  
28 16 order for a period not to exceed forty-eight hours from the  
28 17 time such order is dated, excluding Saturdays, Sundays and  
28 18 holidays, unless the order is sooner dismissed by a  
28 19 magistrate. The hospital may provide treatment which is  
28 20 necessary to preserve the person's life, or to appropriately  
28 21 control behavior by the person which is likely to result in  
28 22 physical injury to the person's self or others if allowed to  
28 23 continue, but may not otherwise provide treatment to the  
28 24 person without the person's consent. The person shall be  
28 25 discharged from the hospital and released from custody not  
28 26 later than the expiration of that period, unless an  
28 27 application for the person's involuntary hospitalization is  
28 28 sooner filed with the clerk pursuant to section 229.6. The  
28 29 detention of any person by the procedure and not in excess of  
28 30 the period of time prescribed by this section shall not render  
28 31 the peace officer, licensed physician, licensed psychiatrist,  
28 32 or psychiatric advanced registered nurse practitioner, or  
28 33 hospital so detaining that person liable in a criminal or  
28 34 civil action for false arrest or false imprisonment if the  
28 35 peace officer, licensed physician, licensed psychiatrist, or  
29 1 psychiatric advanced registered nurse practitioner, or  
29 2 hospital had reasonable grounds to believe the person so  
29 3 detained was mentally ill and likely to physically injure the  
29 4 person's self or others if not immediately detained.

29 5 Sec. 42. Section 229.23, subsections 2 and 3, Code 2007,  
29 6 are amended to read as follows:

29 7 2. The right to refuse treatment by shock therapy or  
29 8 chemotherapy, unless the use of these treatment modalities is  
29 9 specifically consented to by the patient's next of kin or  
29 10 guardian. The patient's right to refuse treatment by  
29 11 chemotherapy shall not apply during any period of custody  
29 12 authorized by section 229.4, subsection 3, section 229.11 or  
29 13 section 229.22, but this exception shall extend only to  
29 14 chemotherapy treatment which is, in the ~~chief medical~~  
29 15 ~~officer's~~ treating qualified mental health professional's  
29 16 judgment, necessary to preserve the patient's life or to  
29 17 appropriately control behavior by the person which is likely  
29 18 to result in physical injury to that person or others if  
29 19 allowed to continue. The patient's right to refuse treatment  
29 20 by chemotherapy shall also not apply during any period of  
29 21 custody authorized by the court pursuant to section 229.13 or  
29 22 229.14. In any other situation in which, in the ~~chief medical~~  
29 23 ~~officer's~~ treating qualified mental health professional's  
29 24 judgment, chemotherapy is appropriate for the patient but the  
29 25 patient refuses to consent thereto and there is no next of kin  
29 26 or guardian to give consent, the ~~chief medical officer~~  
29 27 treating qualified mental health professional may request an  
29 28 order authorizing treatment of the patient by chemotherapy  
29 29 from the district court which ordered the patient's  
29 30 hospitalization.

29 31 3. In addition to protection of the person's  
29 32 constitutional rights, enjoyment of other legal, medical,  
29 33 religious, social, political, personal and working rights and  
29 34 privileges which the person would enjoy if the person were not  
29 35 so hospitalized or detained, so far as is possible consistent  
30 1 with effective treatment of that person and of the other  
30 2 patients of the hospital. If the patient's rights are  
30 3 restricted, the ~~physician's~~ treating qualified mental health  
30 4 professional's direction to that effect shall be noted on the  
30 5 patient's record. The department of human services shall, in

30 6 accordance with chapter 17A establish rules setting forth the  
30 7 specific rights and privileges to which persons so  
30 8 hospitalized or detained are entitled under this section, and  
30 9 the exceptions provided by section 17A.2, subsection 11,  
30 10 paragraphs "a" and "k", shall not be applicable to the rules  
30 11 so established. The patient or the patient's next of kin or  
30 12 friend shall be advised of these rules and be provided a  
30 13 written copy upon the patient's admission to or arrival at the  
30 14 hospital.

30 15 Sec. 43. Section 229.25, Code 2007, is amended to read as  
30 16 follows:

30 17 229.25 MEDICAL RECORDS TO BE CONFIDENTIAL == EXCEPTIONS.

30 18 The records maintained by a hospital or other facility  
30 19 relating to the examination, custody, care and treatment of  
30 20 any person in that hospital or facility pursuant to this  
30 21 chapter shall be confidential, except that the ~~chief medical~~  
30 22 ~~officer licensed physician, licensed psychiatrist, or~~  
30 23 ~~psychiatric advanced registered nurse practitioner of the~~  
30 24 ~~hospital or facility, or treating qualified mental health~~  
30 25 ~~professional~~ shall release appropriate information under any  
30 26 of the following circumstances:

30 27 1. The information is requested by a licensed physician,  
30 28 attorney, or advocate who provides the ~~chief medical officer~~  
30 29 ~~licensed physician, licensed psychiatrist, psychiatric~~  
30 30 ~~advanced registered nurse practitioner, or treating qualified~~  
30 31 ~~mental health professional~~ with a written waiver signed by the  
30 32 person about whom the information is sought.

30 33 2. The information is sought by a court order.

30 34 3. The person who is hospitalized or that person's  
30 35 guardian, if the person is a minor or is not legally competent  
31 1 to do so, signs an informed consent to release information.  
31 2 Each signed consent shall designate specifically the person or  
31 3 agency to whom the information is to be sent, and the  
31 4 information may be sent only to that person or agency.

31 5 Such records may be released by the ~~chief medical officer~~  
31 6 ~~licensed physician, licensed psychiatrist, psychiatric~~  
31 7 ~~advanced registered nurse practitioner, or treating qualified~~  
31 8 ~~mental health professional~~ when requested for the purpose of  
31 9 research into the causes, incidence, nature and treatment of  
31 10 mental illness, however information shall not be provided in a  
31 11 way that discloses patients' names or which otherwise  
31 12 discloses any patient's identity.

31 13 When the ~~chief medical officer licensed physician, licensed~~  
31 14 ~~psychiatrist, psychiatric advanced registered nurse~~  
31 15 ~~practitioner, or treating qualified mental health professional~~  
31 16 deems it to be in the best interest of the patient and the  
31 17 patient's next of kin to do so, the ~~chief medical officer~~  
31 18 ~~licensed physician, licensed psychiatrist, licensed~~  
31 19 ~~psychologist, psychiatric advanced registered nurse~~  
31 20 ~~practitioner, or treating qualified mental health professional~~  
31 21 may release appropriate information during a consultation  
31 22 which the hospital or facility shall arrange with the next of  
31 23 kin of a voluntary or involuntary patient, if requested by the  
31 24 patient's next of kin.

31 25 Sec. 44. Section 229.28, Code 2007, is amended to read as  
31 26 follows:

31 27 229.28 HOSPITALIZATION IN CERTAIN FEDERAL FACILITIES.

31 28 When a court finds that the contention that a respondent is  
31 29 seriously mentally impaired has been sustained or proposes to  
31 30 order continued hospitalization of any person, or an  
31 31 alternative placement, as described under section 229.14,  
31 32 subsection 1, paragraph "b" or "d", and the court is furnished  
31 33 evidence that the respondent or patient is eligible for care  
31 34 and treatment in a facility operated by the veterans  
31 35 administration or another agency of the United States  
32 1 government and that the facility is willing to receive the  
32 2 respondent or patient, the court may so order. The respondent  
32 3 or patient, when so hospitalized or placed in a facility  
32 4 operated by the veterans administration or another agency of  
32 5 the United States government within or outside of this state,  
32 6 shall be subject to the rules of the veterans administration  
32 7 or other agency, but shall not thereby lose any procedural  
32 8 rights afforded the respondent or patient by this chapter.  
32 9 The chief officer of the facility shall have, with respect to  
32 10 the person so hospitalized or placed, the same powers and  
32 11 duties as the ~~chief medical officer licensed physician,~~  
32 12 ~~licensed psychiatrist, or psychiatric advanced registered~~  
32 13 ~~nurse practitioner~~ of a hospital in this state would have in  
32 14 regard to submission of reports to the court, retention of  
32 15 custody, transfer, convalescent leave or discharge.  
32 16 Jurisdiction is retained in the court to maintain surveillance

32 17 of the person's treatment and care, and at any time to inquire  
32 18 into that person's mental condition and the need for continued  
32 19 hospitalization or care and custody.

32 20 Sec. 45. Section 229.29, Code 2007, is amended to read as  
32 21 follows:

32 22 229.29 TRANSFER TO CERTAIN FEDERAL FACILITIES.

32 23 Upon receipt of a certificate stating that any person  
32 24 involuntarily hospitalized under this chapter is eligible for  
32 25 care and treatment in a facility operated by the veterans  
32 26 administration or another agency of the United States  
32 27 government which is willing to receive the person without  
32 28 charge to the state of Iowa or any county in the state, the  
32 29 ~~chief medical officer licensed physician, licensed~~  
32 30 ~~psychiatrist, or psychiatric advanced registered nurse~~

32 31 ~~practitioner~~ may transfer the person to that facility. Upon  
32 32 so doing, the ~~chief medical officer licensed physician,~~  
32 33 ~~licensed psychiatrist, or psychiatric advanced registered~~  
32 34 ~~nurse practitioner~~ shall notify the court which ordered the

32 35 person's hospitalization in the same manner as would be  
33 1 required in the case of a transfer under section 229.15,  
33 2 subsection 4, and the person transferred shall be entitled to  
33 3 the same rights as the person would have under that  
33 4 subsection. No person shall be transferred under this section  
33 5 who is confined pursuant to conviction of a public offense or  
33 6 whose hospitalization was ordered upon contention of  
33 7 incompetence to stand trial by reason of mental illness,  
33 8 without prior approval of the court which ordered that  
33 9 person's hospitalization.

33 10 Sec. 46. Section 229.31, Code 2007, is amended to read as  
33 11 follows:

33 12 229.31 COMMISSION OF INQUIRY.

33 13 A sworn complaint, alleging that a named person is not  
33 14 seriously mentally impaired and is unjustly deprived of  
33 15 liberty in any hospital in the state, may be filed by any  
33 16 person with the clerk of the district court of the county in  
33 17 which such named person is so confined, or of the county in  
33 18 which such named person has a legal settlement, and thereupon  
33 19 a judge of said court shall appoint a commission of not more  
33 20 than three persons to inquire into the truth of said  
33 21 allegations. One of said commissioners shall be a ~~physician~~  
33 22 ~~licensed psychiatrist or psychiatric advanced registered nurse~~  
33 23 ~~practitioner~~ and if additional commissioners are appointed,  
33 24 one of such commissioners shall be a lawyer.

33 25 Sec. 47. Section 229.32, Code 2007, is amended to read as  
33 26 follows:

33 27 229.32 DUTY OF COMMISSION.

33 28 Said commission shall at once proceed to the place where  
33 29 said person is confined and make a thorough and discreet  
33 30 examination for the purpose of determining the truth of said  
33 31 allegations and shall promptly report its findings to said  
33 32 judge in writing. Said report shall be accompanied by a  
33 33 written statement of the case signed by the ~~chief medical~~  
33 34 ~~officer licensed physician, licensed psychiatrist, or~~  
33 35 ~~psychiatric advanced registered nurse practitioner~~ of the

34 1 hospital in which the person is confined.

34 2 Sec. 48. Section 229.34, Code 2007, is amended to read as  
34 3 follows:

34 4 229.34 FINDING AND ORDER FILED.

34 5 The finding and order of the judge, with the report and  
34 6 other papers, shall be filed in the office of the clerk of the  
34 7 court where the complaint was filed. Said clerk shall enter a  
34 8 memorandum thereof on the appropriate record, and forthwith  
34 9 notify the ~~chief medical officer licensed physician, licensed~~  
34 10 ~~psychiatrist, or psychiatric advanced registered nurse~~  
34 11 ~~practitioner~~ of the hospital of the finding and order of the  
34 12 judge, and the ~~chief medical officer licensed physician,~~  
34 13 ~~licensed psychiatrist, or psychiatric advanced registered~~  
34 14 ~~nurse practitioner~~ shall carry out the order.

34 15 Sec. 49. Section 321.180A, subsection 1, Code 2007, is  
34 16 amended to read as follows:

34 17 1. Notwithstanding other provisions of this chapter, a  
34 18 person with a physical disability, who is not suffering from a  
34 19 convulsive disorder and who can provide a favorable medical  
34 20 report, whose license renewal has been denied under section  
34 21 321.177, subsection 6 or 7, or whose driver's license has been  
34 22 suspended under section 321.210, subsection 1, paragraph "c",  
34 23 upon meeting the requirements of section 321.186, other than a  
34 24 driving demonstration or the person's limitations which caused  
34 25 the denial under section 321.177, subsection 6 or 7, or  
34 26 suspension under section 321.210, subsection 1, paragraph "c",  
34 27 and upon paying the fee required in section 321.191, shall be

34 28 issued a special instruction permit by the department. Upon  
34 29 issuance of the permit the denial or suspension shall be  
34 30 stayed and the stay shall remain in effect as long as the  
34 31 permit is valid. For purposes of this subsection, "medical  
34 32 report" means a report made by a licensed physician, licensed  
34 33 psychiatrist, or psychiatric advanced registered nurse  
34 34 practitioner, as defined in section 229.1, attesting to a  
34 35 person's physical or mental capability to operate a motor  
35 1 vehicle safely, submitted on a form prescribed by the  
35 2 department or, if appropriate, signed by the licensed  
35 3 physician, licensed psychiatrist, or psychiatric advanced  
35 4 registered nurse practitioner and submitted on the  
35 5 professional letterhead of the licensed physician, licensed  
35 6 psychiatrist, or psychiatric advanced registered nurse  
35 7 practitioner.

35 8 Sec. 50. Section 483A.24, subsections 12, 13, and 14, Code  
35 9 Supplement 2007, are amended to read as follows:

35 10 12. The department may issue a permit, subject to  
35 11 conditions established by the department, which authorizes  
35 12 patients of a substance abuse facility, residents of health  
35 13 care facilities licensed under chapter 135C, tenants of elder  
35 14 group homes licensed under chapter 231B, tenants of assisted  
35 15 living program facilities licensed under chapter 231C,  
35 16 participants who attend adult day services programs licensed  
35 17 under chapter 231D, participants in services funded under a  
35 18 federal home and community-based services waiver implemented  
35 19 under the medical assistance program as defined in chapter  
35 20 249A, and persons cared for in juvenile shelter care homes as  
35 21 provided for in chapter 232 to fish without a license as a  
35 22 supervised group. A person supervising a group pursuant to  
35 23 this subsection may fish with the group pursuant to the permit  
35 24 and is not required to obtain a fishing license. Such a  
35 25 permit may be issued on a form furnished by the department  
35 26 upon written application by a licensed physician, licensed  
35 27 psychiatrist, or psychiatric advanced registered nurse  
35 28 practitioner, as defined in section 229.1.

35 29 13. Upon payment of the fee of five dollars for a lifetime  
35 30 fishing license or lifetime hunting and fishing combined  
35 31 license, the department shall issue a lifetime fishing license  
35 32 or lifetime hunting and fishing combined license to a resident  
35 33 of Iowa who is a veteran, as defined in section 35.1, or  
35 34 served in the armed forces of the United States for a minimum  
35 35 aggregate of ninety days of active federal service and who was  
36 1 disabled or was a prisoner of war during that veteran's  
36 2 military service. The department shall prepare an application  
36 3 to be used by a person requesting a lifetime fishing license  
36 4 or lifetime hunting and fishing combined license under this  
36 5 subsection. The department of veterans affairs shall assist  
36 6 the department in verifying the status or claims of applicants  
36 7 under this subsection. As used in this subsection, "disabled"  
36 8 means entitled to compensation under the United States Code,  
36 9 Title 38, ch. 11. Such a permit may be issued on a form  
36 10 furnished by the department upon written application by a  
36 11 licensed physician, licensed psychiatrist, or psychiatric  
36 12 advanced registered nurse practitioner, as defined in section  
36 13 229.1.

36 14 14. The department shall issue without charge a special  
36 15 annual fishing or combined hunting and fishing license to  
36 16 residents of this state who have permanent disabilities and  
36 17 whose income falls below the federal poverty guidelines as  
36 18 published by the United States department of health and human  
36 19 services or residents of this state who are sixty-five years  
36 20 of age or older and whose income falls below the federal  
36 21 poverty guidelines as published by the United States  
36 22 department of health and human services. The commission shall  
36 23 provide for, by rule, an application to be used by an  
36 24 applicant requesting a special license. The commission shall  
36 25 require proof of age, income, and proof of permanent  
36 26 disability. Such a permit may be issued on a form furnished  
36 27 by the department upon written application by a licensed  
36 28 physician, licensed psychiatrist, or psychiatric advanced  
36 29 registered nurse practitioner, as defined in section 229.1.

36 30 Sec. 51. Section 812.3, subsection 2, Code 2007, is  
36 31 amended to read as follows:

36 32 2. Upon a finding of probable cause sustaining the  
36 33 allegations, the court shall suspend further criminal  
36 34 proceedings and order the defendant to undergo a psychiatric  
36 35 evaluation to determine whether the defendant is suffering a  
37 1 mental disorder which prevents the defendant from appreciating  
37 2 the charge, understanding the proceedings, or assisting  
37 3 effectively in the defense. The order shall also authorize



37 4 the evaluator to provide treatment necessary and appropriate  
37 5 to facilitate the evaluation. If an evaluation has been  
37 6 conducted within thirty days of the probable cause finding,  
37 7 the court is not required to order a new evaluation and may  
37 8 use the recent evaluation during a hearing under this chapter.  
37 9 Any party is entitled to a separate psychiatric evaluation by  
37 10 a psychiatrist, psychiatric advanced registered nurse  
37 11 practitioner, or licensed, doctorate-level psychologist of  
37 12 their the party's own choosing. For purposes of this chapter,  
37 13 "psychiatric advanced registered nurse practitioner" means an  
37 14 individual currently licensed as a registered nurse under  
37 15 chapter 152 or 152E who holds a national certification in  
37 16 psychiatric health care and who is registered with the board  
37 17 of nursing as an advanced registered nurse practitioner.

37 18 Sec. 52. Section 812.7, Code 2007, is amended to read as  
37 19 follows:

37 20 812.7 MENTAL STATUS REPORTS.

37 21 The psychiatrist, advanced registered nurse practitioner,  
37 22 or licensed doctorate-level psychologist providing outpatient  
37 23 treatment to the defendant, or the director of the facility  
37 24 where the defendant is being held and treated pursuant to a  
37 25 court order, shall provide a written status report to the  
37 26 court regarding the defendant's mental disorder within thirty  
37 27 days of the defendant's placement pursuant to section 812.6.  
37 28 The report shall also state whether it appears that the  
37 29 defendant can be restored to competency in a reasonable amount  
37 30 of time. Progress reports shall be provided to the court  
37 31 every sixty days or less thereafter until the defendant's  
37 32 competency is restored or the placement of the defendant is  
37 33 terminated.

37 34 Sec. 53. Section 812.8, subsections 1, 2, and 3, Code  
37 35 2007, are amended to read as follows:

38 1 1. At any time, upon a finding by a psychiatrist,  
38 2 psychiatric advanced registered nurse practitioner, or  
38 3 licensed doctorate-level psychologist that there is a  
38 4 substantial probability that the defendant has acquired the  
38 5 ability to appreciate the charge, understand the proceedings,  
38 6 and effectively assist in the defendant's defense, the  
38 7 psychiatrist, psychiatric advanced registered nurse  
38 8 practitioner, or licensed doctorate-level psychologist  
38 9 providing outpatient treatment to the defendant or the  
38 10 director of the inpatient facility shall immediately notify  
38 11 the court. After receiving notice the court shall proceed as  
38 12 provided in subsection 4.

38 13 2. At any time, a treating psychiatrist, psychiatric  
38 14 advanced registered nurse practitioner, or licensed  
38 15 doctorate-level psychologist may notify the court that the  
38 16 defendant receiving outpatient treatment will require  
38 17 inpatient services to continue benefiting from treatment or  
38 18 that it is appropriate for a defendant receiving inpatient  
38 19 treatment services to receive outpatient treatment services.  
38 20 Upon receiving notification, the court shall proceed as  
38 21 provided under subsection 4.

38 22 3. At any time upon a finding by a treating psychiatrist,  
38 23 psychiatric advanced registered nurse practitioner, or  
38 24 licensed doctorate-level psychologist that there is no  
38 25 substantial probability that the defendant will be restored to  
38 26 competency in a reasonable amount of time, the psychiatrist,  
38 27 psychiatric advanced registered nurse practitioner, or  
38 28 licensed doctorate-level psychologist providing outpatient  
38 29 treatment to the defendant or the director of the inpatient  
38 30 facility shall immediately notify the court. Upon receiving  
38 31 notification, the court shall proceed as provided under  
38 32 subsection 4.

### 38 33 EXPLANATION

38 34 This bill amends provisions in Code chapter 125 and Code  
38 35 chapter 229 relating to both voluntary and involuntary civil  
39 1 commitment proceedings for chronic substance abusers (Code  
39 2 chapter 125) and persons with mental illness (Code chapter  
39 3 229). The bill strikes Code references to "chief medical  
39 4 officer" defined as the medical director in charge of a public  
39 5 or private hospital, or that individual's physician-designee,  
39 6 in both Code chapters 125 and 229 and related Code chapters,  
39 7 and replaces the term with "licensed physician", "licensed  
39 8 psychiatrist", and "psychiatric advanced registered nurse  
39 9 practitioner". Current law provides a chief medical officer  
39 10 with the authority to receive and admit, examine, evaluate,  
39 11 provide reports including court-ordered reports, and detain  
39 12 and discharge a person who is impaired due to substance abuse  
39 13 or mental illness in a residential substance abuse or hospital  
39 14 mental health setting in both voluntary and involuntary

39 15 situations. The bill as amended provides a licensed  
39 16 physician, licensed psychiatrist, and psychiatric advanced  
39 17 registered nurse practitioner with that same authority. The  
39 18 bill makes such persons subject to contempt of court  
39 19 proceedings pursuant to Code chapter 665 for failing to submit  
39 20 court-ordered reports on chronic substance abusers and persons  
39 21 with mental illness.

39 22 The bill defines a "licensed physician" to mean an  
39 23 individual licensed under the provisions of Code chapter 148,  
39 24 150, or 150A to practice medicine and surgery, osteopathy, or  
39 25 osteopathic medicine and surgery, a "licensed psychiatrist" to  
39 26 mean an individual licensed under the provisions of Code  
39 27 chapter 148, 150, or 150A to practice medicine and surgery,  
39 28 osteopathy, or osteopathic medicine and surgery with a  
39 29 specialty in the field of psychiatry, and a "psychiatric  
39 30 advanced registered nurse practitioner" to mean an individual  
39 31 currently licensed as a registered nurse under Code chapter  
39 32 152 or 152E who holds a national certification in psychiatric  
39 33 health care and who is registered with the board of nursing as  
39 34 an advanced registered nurse practitioner.

39 35 The bill amends the definition of a "qualified mental  
40 1 health professional" in Code chapter 229 to include a  
40 2 physician assistant licensed under Code chapter 148C with  
40 3 three years of work experience in psychiatric health care.  
40 4 Current law under Code chapter 229 defines a "qualified mental  
40 5 health professional" to include a psychologist certified under  
40 6 Code chapter 154B, a registered nurse licensed under Code  
40 7 chapter 152 and a social worker licensed under Code chapter  
40 8 154C, all of whom are experienced in the study and treatment  
40 9 of mental disorders.

40 10 The bill provides that a qualified mental health  
40 11 professional treating a patient in a hospital or facility in  
40 12 which the patient is committed may communicate with a mental  
40 13 health advocate about the patient. The bill also allows a  
40 14 treating qualified mental health professional to make  
40 15 decisions concerning a committed mental health patient's right  
40 16 to refuse treatment by shock therapy or chemotherapy and  
40 17 authorizes a treating qualified mental health professional to  
40 18 monitor the protection of a committed mental health patient's  
40 19 rights.

40 20 The bill makes conforming Code changes to Code chapter  
40 21 225C, pertaining to a patient who is received and evaluated at  
40 22 a state mental health institute due to a mental illness,  
40 23 retardation, developmental disability, or brain injury, and  
40 24 Code chapter 227, pertaining to county and mental hospitals  
40 25 serving persons with mental illness and mental retardation.

40 26 The bill authorizes a licensed physician, licensed  
40 27 psychiatrist, or advanced registered nurse practitioner to  
40 28 attest to a person's physical or mental capability to operate  
40 29 a motor vehicle safely in regard to special instruction  
40 30 permits under Code section 321.180A.

40 31 The bill authorizes a licensed physician, licensed  
40 32 psychiatrist, or psychiatric advanced registered nurse  
40 33 practitioner to apply for special fishing licenses on behalf  
40 34 of certain persons, including but not limited to persons who  
40 35 are patients of a substance abuse facility and certain health  
41 1 care facilities, disabled veterans, and permanently disabled  
41 2 persons.

41 3 The bill authorizes a psychiatric advanced registered nurse  
41 4 practitioner to complete a psychiatric evaluation and provide  
41 5 status reports on a defendant in a criminal case suffering  
41 6 from a mental disorder.

41 7 LSB 6350SS 82

41 8 rh/rj/5.1